THE

MEDICAL AND SURGICAL REPORTER.

No. 516.] PHILADELPHIA, JANUARY 19, 1867. [Vol. XVI.—No. 3.

Original Department.

Communications.

EXCISION OF THE WRIST-JOINT.

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Of Pittsburgh, Pa.

The results of excision of the carpus, necessitated by uncontrollable disease or severe accident, are reported not as favorable as those performed on other articulations. Hence the readiness and promptness of surgeons to resort to amputation, in preference to excision. Yet as the integrity and usefulness of the hand, with the fingers, is of greater importance than that of any other member of the human body, and as the reports of cases operated on, with their results, have not been sufficiently ample to warrant a proper estimate as to the propriety of excluding the sphere of its applicability, and as several cases are known to have recovered—the members being useful—it would not be fair to discard excision, but proper to repeat it in every case promising success, in order to get better results, if possible. With this view, exsection of the carpus, and of the metacarpal bones likewise, should in all cases be preferrred to amputation, as the hand and a finger, even if deprived of its metacarpal support, is very useful, none of the mechanical appliances which are in present use, or which might be devised, being able to offer a substitute for either, no matter how much altered or deformed.

Though it is pleasing to acknowledge, that operations for the salvation of human members have, in modern days, superseded many of the destructive proceedings heretofore practised, yet as the spirit of conservatism is seen to unfold its protecting wings in every department of our noble profession, due alike to the age in which we live, and to the advancement of human resources in general, it is to be hoped that still greater efforts will be made at saving what formerly would have been sacrificed.

By the adoption of the most terribly destructive missiles in modern warfare, national contentions are rendered brief and decisive, and the contestants are thereby permitted to return more speedily to their business pursuits and peaceful firesides; so mercy to the patient in the attempt to save injured limb and jeopardized life, will in future be the glory of the surgeon, and with the spread of rational conservatism, mutilating operations will be greatly diminished in number.

There is no existing reason *a priori*, why resection and exsection performed on the carpus should be less successful than those undertaken on other joints, provided the cases be properly chosen, all the diseased structures removed, the main arterial and nervous trunks saved, and proper temperature in the member maintained, with immovable rest to the limb, and other measures which are scrupulously demanded for success in the after-treatment of injured limbs in general.

As the external wounds made for the removal of the wrist are much smaller than those in any other articulation, while the inner one, too, after the bony structures have been excised, does not correspond in extent with that of the ankle or knee-joint, for instance, success should be greater in the former than in the latter. Moreover, the vitality of the hand and fingers being known to be remarkable, shewing, when injured, a wonderful tenacity and recuperation of life, due to the exuberant supply of blood and the nervous distribution—a bountiful and divine provision of nature in shielding the preservation of a member so preëminently useful—a more favorable issue, on that account also, should reasonably be expected. And though statistical tables, thus far collected, comparing the results of exsection with that of amputation, will offer an excess in favor of the latter, this should not be adduced as a positive proof of the superiority of amputation with regard to salvation of life, as long as minute data are wanting, showing that the cases operated on by resection were properly selected, that the operation had entirely removed all the diseased structures, that all vitally important tissues had been saved, and that the after-treatment had been conducted in the spirit of *true* conservatism, without which success can be but doubtful.

Conservative treatment, however, to be successful, must begin before the performance of the operation, when practicable, by putting the secretory and excretory organs in as healthy condition as possible. Without this precaution being taken, many not only protracted recoveries, but unfavorable issues have followed operations otherwise most skilfully and happily performed, by the invasion of erysipelas, phlegmon, pyæmia, and gangrene, the result of gastric or bilious symptoms not having been previously removed. This is an important item for the success of all surgical proceedings, the value of which, though, not being sufficiently appreciated.

In the after-treatment next, conservatism shows its blessed fruits by moderate local and general reaction, due and timely suppuration, and healthy granulation, with cicatrization speedily following. Yet it is only *judicious* conservatism, closely imitating nature in the reparation of injuries, by leaving the wounds made for resection *unstitched* and *open*, in order that all effused blood, with subsequent serous and purulent secretions, and detached spiculæ of bone, might speedily and readily be discharged—no offending material thus being allowed to remain as sources of irritation—by using frequent ablutions and injections into the wounds with tepid or medicated water, by maintaining in the part an equable temperature, by means of fomentations or poultices, and by immovable rest and support to the limb—the resected surfaces being held in apposition as closely as possible—that crowns the efforts of the surgeon with success; the omission of those injunctions being followed by failure.

Not being willing myself, from theoretical reasoning, and personal practical experience, to subscribe to the dogma "*of generally unsuccessful results of resection of the wrist-joint*," which teachers and authors are advancing, I offer the history of the subjoined case, as a proof that conservative surgery will not withhold her rewards in the recovery of the injured member, if but fairly understood and patiently tested.

Jacob Phillis, aged 50 years, boat builder, of Industry township, Beaver co., Pa., tall and slender, with a nervo-lymphatic temperament, yet healthy, presented himself with caries of the articulation of the right wrist, the result of synovitis. Three months ago, a small splinter of wood entered the vola of the little finger, while he was at work, penetrating the joint between the second and third phalanx, and was soon extracted. Violent, deep-seated, phlegmonous inflammation of the finger, the hand, and forearm followed, the synovial membrane of the wrist-joint becoming involved. He suffered a great deal of pain, with high fever, when abscesses formed in the palm and over the wrist, which, spontaneously opening, discharged a great quantity of matter, with some relief from pain and febrile excitement. The treatment thus far had consisted in cooling lotions and poultices, the arm and hand merely being supported by a straight board, and no improvement following, the patient was directed, on July 30th, 1866, by his medical attendant, who considered amputation of the forearm likely to be demanded, to call on me for advice. I found the whole hand, with the fingers, greatly swollen, red, and purplish, the swelling embracing the forearm exceedingly firm from plastic deposit, and of a brawny color. There was great heat in the member and constant pain, the wrist-joint being loose and full of matter. There were several fistulous openings along the ulnar edge of forearm and hand, down to the metacarpo-phalangean joint of the little finger, and others over the palm of the thumb, leading to tortuous sinuses, which could not be followed with the probe, but which seemed to centre in the diseased articulation of the carpus. His pulse was feeble and quick, face pale and expressive of severe constitutional irritation, and sleep greatly disturbed. The digestive organs were in an unhealthy condition, evidenced by a foul tongue and fœtor oris, and irregularity in the quantitative and qualitative secretion and excretion of fæces and urine.

With the view of evacuating the purulent secretion confined in the joint, not deeming resection indispensable, *then*, on account of the recent state of its diseased action, a free incision was made, while the patient was under the influence of ether, along the ulnar and outer face of the forearm, wrist and hand through the fistulous openings down to the bones, thus laying open the wrist joint, from which matter in considerable quantity was discharged. A probe was now entered and readily passed across the wrist along the volar face of the carpal bones, meeting in the centre of its track bare bone, and being pushed onward its point was felt on the radial edge of the wrist beneath the skin, where, by an incision freely extended upward and downward to the extent of two inches, it was liberated. A tent consisting of a narrow strip of muslin well oiled, being attached to the point of the probe was drawn across the joint by the latter. Free bleeding followed, the parts being highly congested, yet water dressings and pressure were sufficient to arrest it. The hand was now laid and retained by bandages upon a well padded vola

sheet-iron splint, embracing it with its fingers and forearm; the wrist joint being at the same time covered with a lukewarm flaxseed-meal poultice. An anodyne was administered and continued *pro re rata* with nourishing diet, and rest ordered. But moderate reaction followed, with free and healthy suppuration, the swelling and pain of both arm and forearm subsiding. No unpleasant symptom followed, the case on the contrary, by its improved features, not withholding the hope that more severe operative proceedings might be dispensed with. At the end of three weeks the tent, which had been daily renewed, was removed. Immovable rest of the joint by the padded splint and of the whole arm by a rectangular one, supporting humerus and antibrachium, with poulticing were continued, anodynes and a liberal diet being taken, the case went on for some weeks without improvement being manifested. The wounds made by incision, though directed to be kept open by the interposition of lint between its lips, could not be prevented by the patient, who had returned home for a time, from closing, such being the activity and growth of granulations as to force the dressings outward after every application. They closed at last, a small opening only remaining, through which some matter constantly exuded. Some days later, swelling and pain with erysipelatous redness of hand and wrist returning, issues were made over the joint by Vienna paste, kept open by peas, with the view of arresting the further progress of the disease and of inducing, if possible, consolidation of the denuded carpal bones. This treatment was continued for several weeks, with immovable rest to the joint scrupulously persevered in. Improvement, however, did not follow, as the carpus remained hot, painful and swollen, more so at one time than another. New fistulous openings too appeared again along the ulna as high up as its lower third and in the vola of the hand, discharging matter, though but in moderate quantity. The condition of the carpal bones had remained unchanged, as the probe introduced through some of the fistules still detected rough bone, though the general condition of the patient was better than when first seen.

This being the condition of the case, withstanding thus far the rational means of relief, which had patiently been tried, *resection* of the entire carpus was decided on in preference to amputation. An alterative treatment for some days previously was directed, restoring the healthfulness of the secretory and excretory organs, when, on October 14th, 1866, five and a half months after the receipt of the injury, the patient's pulse being good and of moderate frequency, with digestion normal and sleep refreshing, the wrist was removed under the influence of ether, Drs. L. BARBOUR, of this city, and ALEX. H. HEWETSON, of St. Clairsville, Ohio, kindly assisting A long incision was made along the ulnar edge of the forearm, commencing four inches above the carpus, passing along the wrist and down to the hand, and terminating near the articulation of the metacarpal bone with the first phalanx of the little finger. All the tissues were divided to the bones and detached from them by the knife, bone chisel and fingers, the carpal joint thus being opened. Another incision commencing a few inches above the carpus along its radial or inner edge was carried down over the wrist joint, between the extensors of the hand and the extensor pollicis longus, and over the carpo-metacarpal articulation of the thumb, and penetrated likewise to the bones and into the joint of the wrist. The carpal bones, some of them carious, others matted together by osseous deposit, the os magnum necrosed and detached, were all removed, with the exception of the os trapezium, joining the metacarpal bone of the thumb, which was preserved, by slight touches of the chisel and knife lifting them out of the wound, as well as the lower extremities of the radius and ulna. The articulatory facets of the meta-carpal bones were gouged in order to leave no cartilaginous surface behind likely to interfere with the process of reparation. The proximal portion of the metacarpal bone of the little finger was broken off with the bone-nipper, having been found denuded of periosteum, and rough along its volar face, and the soft parts covering it perforated by several fistules. There was free bleeding of a venous character during the operation, which was arrested by cold water, no ligature being needed. A tent in the shape of a narrow strip of muslin previously oiled, was now drawn across the wrist and retained; a lukewarm flaxseed-meal poultice covering forearm and hand, which were placed upon a well fitting sheet-iron splint well padded, with rest to limb and body enjoined. Ten grains of Dover's powder were administered, to be repeated if occasion should require it. The effect of the anæsthetic was all that could be desired—profound anæsthesia, promptly subsiding, and no unpleasant after-symptoms. He passed a comfortable night, free from pain and undue febrile reaction, and left his bed the next day, feeling too well to be confined. The case progressed as favorably as could be expected. For eight days after the operation, the report mentions that appetite

and sleep were good, functions normal, pulse natural, with moderate discharge from the wound, which looks healthy, swelling of fingers, hand and forearm too having greatly decreased. The same local treatment by warm cataplasms was continued, as well as a nourishing and liberal diet, the seton being renewed daily and the wounds cleansed three times a day by the injection of chamomile tea, while the hand was gently pressed upward toward the forearm, in order to lessen the space made by resection, by bringing the metacarpal bones in contact with the resected surface of the radius and ulna. The tent was removed from the wrist some days after, when the outer wound began to close, the inner one discharging thin yet healthy matter in pretty free quantity. Some days later he complained of being chilly, with a frequent pulse and fever setting in at night, yet there were neither gastric symptoms nor any external changes in the wounds, which would account for the febrile disturbance. Confinement of matter, however, in consequence of the too rapid contraction of the outer wound, which could not readily be kept open, the growth of granulations from the deep inner wound being so exuberant as to force the dressings outward, was the cause of the febrile excitement, which ceased when the pus was more freely discharged by closer approximation of the hand to the forearm, and retaining it in that position by narrow padded sheet-iron splints, which were fitted to the sides of the forearm and hand, with a third one resting upon the upper surface of both. The discharge of matter after that decreased considerably, was of a healthy character, yet an erysipelatous blush appeared along the outside of the arm, the outer wound again opening with gastric symptoms supervening, which were due to the too liberal diet, want of exercise, and to the formation of an abscess along the outer edge of the arm above the wound. Appropriate anti-gastric remedies, and opening the abscess soon restored the system and limb to a healthy condition. Both wounds discharging but very little and all the fistules having closed, the patient left for home four weeks after the operation, with his limb well supported by splints and bandages, spaces being left open for the discharge of matter.

On December 26th, ten weeks after resection had been performed, he returned in fine health, strength and spirits, with the arm apparently sound, the wounds having been closed two weeks previously. There is some motion in the wrist joint, and in the fingers, swelling having disappeared from the member. The forearm measures one inch less than the other. This being the condition of the member, the prospect of eventual usefulness of the wrist and fingers, and at no distant day, is more than flattering. To guard against renewal of irritation in the newly cicatrized joint, the four splints embracing the arm and hand were retained, the hand was kept firmly pressed against the forearm, and passive motion enjoined for the fingers, and the whole hand supported in a sling. These injunctions were strongly impressed upon the mind of the patient, as their neglect might be the means of reëstablishing suppuration, and with it endanger the restoration of the newly well-formed joint.

Success in this case, more rapid than could reasonably have been expected, and forcibly invalidating the established rule "*of unfavorable results of resection of the wrist,*" has mainly, as I conceive, been due to the previous preparation of the system—disordered by long continued irritation of disease and mental disquietude—to the speedy resort of resection after the failure of rational means of relief, to the free longitudinal incisions, to the exsection of the entire carpus, with the articulatory facets of the radius and ulna, and those of the metacarpal bones, and to maintaining the wound open by means of a tent across the wrist. All traces of disease thus having been removed, the chance of irritation with profuse suppuration continuing was cut short, and with the resected surfaces in condition similar to those in the shaft of the long bones, when resected or exsected, reparation went on speedily and perfectly, no untoward symptom having marred its progress.

To suppose that partial resection by removal of the carpus without abscision of the lower ends of the radius and ulna, and without gouging the metacarpal bones, would have offered as happy a result, is, theoretically and practically considered, but very doubtful. Hence the failures of partial or incomplete resections, and preference for amputation. If a thorough removal of diseased structures in general, is the "*sine qua non*" of success, complete resection of a joint with its diseased bones, and disorganized ligamentous apparatus included—if decided on—should ever supersede its partial or incomplete ablation, as by leaving heterogeneous tissues in contact, instead of those of a homogenous nature, reparation will be delayed if not entirely prevented.

The direction of the incisions, too, for the removal of the carpus, having been made in the longitudinal axis of the limb, along its lateral faces, and their extent, in consequence of which freedom of manipulation was granted without

disturbing any of the important blood vessels and nerves, and without injuring the tendons, as well as the exsection of the diseased bones of the forearm, with their synovial and ligamentous connections by the chisel, instead of the saw,—whereby less violence was done to the limb, with time of resection greatly shortened—for which purpose the radius and ulna would have to be forced out of the wounds, and more roughly handled, claim not an unimportant share in the eventual success of the operation.

Unwilling to assume undue credit for the happy result of the case, though not a solitary one in my personal experience, and averse to undervalue the exertions of other surgeons who have been less successful, the object which I have in reporting the issue is, that it may serve as an attempt of resuscitating the operation for resection of the wrist joint, and of freeing it from the discredit into which it has fallen, by pointing out to the junior members of the profession, the points most essential for success—viz. preparation of the system previous to the operation, early recourse to it if demanded, entire ablation of the joint with its synovial and ligamentous apparatus by long and free longitudinal incisions along the lateral faces of the limb, and the use of chisel and fingers instead of the saw, for the removal of the diseased bones; openness of the wounds by means of a tent daily renewed for the purpose of facilitating the escape of matter, as soon as secreted, strictest cleanliness aided by frequent ablutions and injections, warmth of the limb maintained by fomentations and poultices, with a liberal and nourishing diet and anodynes, *pro re nata*, and immovable rest, by means of supporting splints, bracing the resected surfaces in close apposition—confident and trusting that thus better results will henceforth be obtained.

The practice of the younger surgeon in resorting to incisions, not sufficiently long to grant him free manipulations, though excusable, as the consequence of timidity and inexperience, is nevertheless deserving censure. Many otherwise well executed operations in his hands, would have been accomplished in less time, and with less disturbance to the system and parts, with speedier and more complete recovery following, than if free cuts in the axis of the limb had been chosen. The rule, therefore, has been and ever will be, to use the knife *freely* in external parts, for the safe, easy and successful removal of the part to be removed, the carpus.

—— It is stated that Dr. E. BROWN-SÉQUARD has retired from the practice of medicine.

POISONED BREAD AT WINONA, ILL.

BY E. N. HORSFORD, M D.,

Late Rumford Professor in Harvard University, of Cambridge, Massachusetts.

It will be remembered that in July last, at a hotel in Winona, Illinois, a large number of persons were poisoned by eating warm biscuit at breakfast. The case attracted much attention, from the fact, that a few days before, some forty persons were in a similar manner poisoned at a hotel in Indianapolis; and from the circumstance, that self-raising flour was charged with having produced the poisoning at Winona. The public had not forgotten the bread-poisoning on a large scale in the State of New York, where the metallic lead used to bind the burr-blocks composing the mill-stones, had been abraded and mixed with the flour in grinding. The investigation of the Indianapolis case by Professor WORMLEY, of Columbus, Ohio, revealed in the sour milk employed, with salæratus, to make the bread light, five and a half grains of tartar emetic and a trace of arsenic, in a single pint. A similar case at Atlanta, Georgia, in which a whole family were poisoned, was traced to arsenic introduced by a servant.

The Winona case was taken up by the physicians and druggists of the place, and prosecuted till they and the victims generally became satisfied that the self-raising flour had nothing to do with the poisoning.* The investigation was renewed by Professor HORSFORD, of Cambridge, Mass., and the results at which he has arrived are embodied in the following statement.

The hotel kept on hand common flour in a barrel, and self-raising flour in a stone jar, which was from time to time filled afresh, with parcels from the stock of a neighboring grocer. One morning the jar having been quite exhausted, the last traces were brushed out into the common flour barrel. The common flour was low, there being but little more than enough for the batch of biscuit required for the breakfast of the family

* When it is remembered that the ingredients employed to make the flour self-raising, are a simple acid phosphate of lime, and bicarbonate of soda, designed substantially to restore the phosphates of the bran, which have been lost in bolting, it will be obvious that these agents could have had no office in rendering the bread poisonous. The conviction of the physicians and druggists of the town is expressed in the following statement.

"The undersigned physicians and druggists of Winona, familiar with all the facts connected with the case of poisoning by eating biscuit at the Dillman House in this village, in July last, are entirely satisfied that it was not due to the self-raising flour in use at the hotel.

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J. B. HUDSON, M. D."

and guests—some twenty persons in all. Salæratus, from a package purchased at the grocer's, and sour milk, from a glazed earthen crock long used for this purpose, were employed to make the biscuit light, the flour being treated as if the whole was common flour. The biscuit produced was poisonous. One of the guests ate a single biscuit crumbled in a pint of cream, and ate nothing beside. He felt instant nausea on rising from the table, succeeded by wretching and vomiting, attended by great suffering and prostration. He experienced no burning sensation in the stomach, which was ascribed to the protection afforded by the cream. His immediate illness was succeeded by suppression of the urine and subsequent diarrhœa continued for several weeks. His general symptoms were regarded by his family physician as indicating poisoning by arsenic, and the treatment in accordance was successful. Others suffered from burning in the stomach and constriction of the throat. Others, but not all, from cramps, and some from convulsions. Some took large doses of emetics to throw off the poison, and these apparently suffered most. While in the majority of cases the feeling of nausea came on immediately after breakfast, in one case it was several hours before it appeared, and then the symptoms were obscured by the supervention of hysteria. Some of the physicians of the town were inclined to believe the symptoms might all be accounted for upon the supposition that tartrate of antimony and potassa had been introduced into the bread. The others thought them indications of arsenic. The only experiment that seemed to point out the nature of the poison, was incidentally made in an attempt to separate the substance, whatever it might be, from the crumb of the biscuit. A quantity of biscuit was digested with rain water for several days in a closed jar, and thrown on a filter. While draining through the filter, the physician who conducted the experiment, was called from home for two or three days; and on his return he found all the flies in his office dead and lying about the funnel and jar and on the floor. The biscuit evidently contained a substance poisonous to flies.* Common fly-paper is saturated with a composition containing arsenic. Experiments on swarms of flies, with paper dipped in water containing arsenic and sugar, were fatal. Similar experiments with tartar emetic produced no ill effect on the flies.

It is greatly to be regretted, that a sample of the biscuit was not sent to a chemist for analysis. Unfortunately after the experiments instituted by the physicians of the village, not a single biscuit was preserved. The flour scraped from the bottom of the barrel, from which the batch for the biscuit had been taken, together with what remained of the box of salæratus, were carefully kept, and samples of both furnished to Professor Horsford. The milk, not being suspected, was thrown away.

The flour and salæratus were chemically examined for *arsenic, antimony, mercury and lead*, without finding a trace of either. Analysis further showed that the self-raising ingredients—acid phosphate of lime and bi-carbonate of soda, which, with the remnant of self-raising flour, had been brushed from the stone jar into the common flour barrel, were present in quantity too small to be recognized by chemical tests. The experiment that had been made with the macerated biscuit and flies, was repeated with the flour made into paste, and continued in confined space for two days, without the death of a single fly.

The meaning of these experiments is obvious. The biscuit produced on men and flies the effects of arsenic. The *flour* from which the biscuit was made, contained *no substance* poisonous to flies. At the time of the event in question, several batches from this particular jar of self-raising flour, and many from the barrel of common flour, sometimes with fermented yeast, and sometimes with salæratus and sour milk,—had been consumed with entire satisfaction. There was on the day previous no poison in either. No carelessness of the grocer, therefore, or of the person who prepared the self-raising flour, had been instrumental in communicating poison to the biscuit. Analysis showed the residue of the flour and the salæratus, alike free from every trace of poison that could produce the physiological effects observed. It remained only to believe that *arsenic had been introduced into the biscuit* through *the sour milk*—as tartar emetic and arsenic had been introduced at Indianapolis, and arsenic at Atlanta. It seems impossible that it could have reached the milk by accident. No preparation of ratsbane, or medicine containing arsenic or antimony, were kept at the hotel. It must have been the work of design. Suspicion rested on a colored boy employed at the hotel.

* The filtrate from the biscuit crumbs digested in rain water was thick and turbid with soluble starch, and gave a faint white precipitate of unsatisfactory character, with nitrate of silver, (chlorine from the salt). No other experiment was made, as it was understood an analysis of the flour was to be undertaken by a competent chemist. It was then supposed that the flour was at fault, but as more careful examination of the facts removed this suspicion, and as all the persons poisoned recovered their health, the interest in the subject lessened, and no chemical examination was made at the time.

He had given offence to the cook, and had been threatened with personal injury if he entered the kitchen. At length, the cook refused to remain if the colored boy was retained, and he was dismissed. He left the village the night before the poisoning occurred,—the hotel keeper placing him on the cars. It is but just to say, that this suspicion is not shared by the family or cook, and that the boy was not known to have purchased arsenic in the village for any purpose.

The result of the foregoing inquiry may be summed up as follows:

1. *That there was substantially no self-raising flour in the batch from which the biscuit were made.*
2. *That poison was introduced into the biscuit, through the sour milk employed with salæratus, in ordinary flour, to make the biscuit light.*
3. *That the poison was introduced by design.*
4. *That the poison was arsenic.*

CASE OF REFLEX PARAPLEGIA FROM DYSENTERY.

By JAMES BROWN BURNET, M. D.

House Physician, Bellevue Hospital, New York.

William H. Jones, aged forty-six years, a native of South Wales, was admitted to ward 14 of Bellevue Hospital, on Sept. 13th, 1866. He gave the following history of himself. The members of his family are all healthy. About twenty years ago he suffered from great palpitation of the heart, but the physicians who attended him gave it as their opinion that the palpitation was not due to any organic disease, and treated it with digitalis. He went to Clifton for a change of air, where he soon regained his former health. Since that time he has had several similar attacks, which however readily submitted to treatment. With the exception of these attacks, he has enjoyed good health until about four years ago, when he came to this country, and entered the United States army. In eight months after this he had a severe attack of jaundice, which wast reated with nitro-muriatic acid, and under which treatment he recovered in two months. He was serving at the time he was taken sick, as Apothecary. After his recovery, he performed the duties of Hospital Steward for five months, but becoming weak and emaciated, he was compelled to leave the hospital and come to New York, where he recovered in three weeks, and again became a Hospital Steward, serving at Fort Lyons. About three years ago, he had three attacks of intermittent fever, each lasting about two weeks, and two months intervening between each attack. These attacks were overcome by quinine. A year ago last February, he had another attack of palpitation of the heart, from which he suffered about three weeks. Since then he has enjoyed good health, passing the most of his time in the West Indies, until he arrived in this city, the first of last July. Here he had a very violent attack of dysentery, which exceedingly prostrated him. This attack lasted for about three weeks. One morning, feeling somewhat better, he attempted to arise from his bed, but to his great surprise found himself unable to do so, on account of paralysis of his lower extremities. The left leg was more paralyzed than the right. There was also great numbness in his limbs, and a loss of sensation. This paralysis continued in the right leg for only a week. In the left leg there was merely a very slight improvement. The dysentery lasted for one week after the appearance of the paralysis. When admitted to the hospital, he presented the following appearances: He was much emaciated. His complexion was unhealthy. Tongue was slightly coated. Heart and lungs healthy. His left lower extremity was partially paralyzed, he dragging his foot behind him when he walked, instead of raising it from the floor. The limb was but slightly emaciated, and the power of sensation was but slightly impaired. The temperature of the two limbs was alike. He has very frequently to arise at night for the purpose of passing his urine, which neither contains albumen or casts. The diagnosis was made of reflex paralysis from dysentery, and the patient was put under the use of iron and quinine, and 1-32 of a grain of sulphate of strychnia, three times a day. Electricity and vigorous frictions were used to the paralyzed limb.

Oct. 25th. He is rapidly improving under the above treatment. He is beginning to use his paralyzed limb very well. He was troubled for a time with a tingling sensation along the course of the right ulnar nerve, but this finally entirely disappeared under frictions and electricity.

Nov. 1st. Still continues to improve. Walks well. General health good. . . . Soon after this date he left the hospital to enter upon a position that had been offered him, having nearly entirely regained his normal degree of health.

—— PENSION EXAMINING SURGEONS.—The Commissioner of Pensions has recently appointed the following examining surgeons of applicants for pensions: MICHAEL LAHMER, Oregon, Missouri; TRUE M. GOULD, Raymond, New Hampshire; JOSEPH P. ROOT, Wyandotte, Kansas; HENRY M. AVERY, Morristown, New Jersey.

Hospital Reports.

Jefferson Medical College,
November 24, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Splenic Enlargement.

A——, æt. 35; a laboring man, in the habit of lifting heavy weights. He has been affected for two years. On two occasions he was tapped, but at neither operation was there at the time any considerable escape of fluid, only about two ounces coming off. A few days after the last operation, two gallons passed through the wound. The enlargement of the abdomen is not so great as it was prior to the drawing off of the water. It has increased not more than four inches in circumference during the last six months. Walking over a rough surface gives pain, but a long breath does not. The breathing is much embarrassed. A year ago he was obliged to lie in a semi-erect position in bed; now, however, he can lie with his head low, and equally well upon back and either side. Bowels not regular; sometimes too open, sometimes too costive. Has lost a great deal of flesh. Appetite good; lithic acid sediment in urine; ordinarily passes about three pints of water in the twenty-four hours.

There is a hard tumor on the left side of the abdomen, extending from the ribs down as far as the pubic symphysis, reaching far back into the left iliac region, with a distinct line of demarkation, a rather sharp margin, running to the right of the umbilicus. There is a space for the breadth of a hand, where there is resonance, showing that the intestine is floating. In the right hypochondriac region there is a solid tumor, projecting over into the epigastric region. No special discoloration of the skin is apparent, and no enlargement of the subcutaneous veins. The man never has had chills, and these tumors came on without any assignable cause, excepting that he has been in the habit of lifting very heavy weights, with a great deal of pressure on the part of these weights against the abdomen.

The tumor on the left side is probably nothing but an enlarged spleen, as it occupies the situation in which an enlarged spleen is usually found, as its surface is perfectly smooth, not at all lobulated, and as its edge is sharp, and has the direction of such an enlargement. It does not seem to be an affection of the omentum, which occasionally becomes the seat of morbid formations, especially colloid. Of this variety of malignant disease, Prof. Gross has seen but two examples in this situation; one occurring in a man in Cincinnati, who four years before had had a severe attack of cholera, and the other in Louisville. A portion of the swelling is ascitic, another portion, that in the right hypochondriac region, which is solid, is probably an enlargement of the liver, though it is not quite as solid as an hypertrophied liver ought to be.

Some benefit may be derived from inunctions with the ointment of biniodide of mercury; one part of the ointment to eight or ten of simple cerate, rubbed on once in the twenty-four hours, keeping the surface covered with flannel. Internally, he will take muriate of ammonia; ten grains at first, gradually increased to twenty, three times a day, combined with one-twelfth of a grain of bichloride of mercury.

There must be necessarily, in such cases, more or less doubt in regard to the diagnosis.

Recurrent Mammary Scirrhus.

Mrs. M., æt. 43. She is the subject of cancer of the breast. Removed the breast for her in June. The disease returned, and the affected part was extirpated again in September. It has now once more made its appearance, and for the third time she presents herself for an operation.

Several hard tumors in the region of the mammary gland were removed, and the enlarged axillary lymphatic ganglions were enucleated.

Castration.

Jos. C., æt. 38. He presents himself with syphilitic disease of the testes. He had primary syphilis four years ago. Both testicles are involved, the right to a much greater extent than the left. The affection is clearly syphilitic in character. There is no evidence of syphilis in any other part of the body.

The discharge is excessively offensive. It has been neutralized by means of permanganate of potassa. The patient has been under the use of iron and a generous diet. He has had no pain in the testes, no fever, and there is no material enlargement of the spermatic cord nor any of its constituents. There is but very slight enlargement of the subcutaneous veins. If this disease were encephaloid there would be great enlargement of the subcutaneous veins, so great as to be characteristic of its nature. Both testes are involved, and there is very slight enlargement of the lymphatic glands of the groin, which are other reasons why the disease should not be regarded as encephaloid.

Efforts will be made to save the left testicle by constitutional measures. The enormous size of the fungus, consisting of a very large portion of the substance of the right testicle, renders it impossible to reclaim that organ.

In removing the testicle care must be taken not to cut away too large a portion of the integument, as there is an immense amount of contraction after an operation of this kind, for which allowance must be made. The opposite sound testicle must not be interfered with, neither should the serotal septum be divided or injured. Precaution must also be taken to prevent hemorrhage, primary and secondary.

The incision was made, commencing near the external ring, and carried down on the inside and outside, so as to circumscribe the morbid mass or fungus protrusion, which was then liberated from its connections. A great deal of water issued when the incision was made. The spermatic cord was then isolated from the surrounding parts, and grasped with a hook to prevent retraction so as to give free access to its vessels. A silver wire was then thrown around it, twisted as in making the ordinary suture, cut off, and then the parts divided below. The silver wire will remain so long as he lives.

There was scarcely any blood lost and plenty of skin left to bring the parts together.

As there is always a disposition to hemorrhage after this operation, it is a good plan to allow the wound to remain open for the space of four or five hours, and then to bring the parts together by means of long pins, so as to approximate the deep surfaces of the wound.

One-third of a grain of morphia was administered immediately, subcutaneously, and the man ordered to be put on a generous diet, with milk punch.

SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

CLINIC OF J. E. GARRETSON, M.D.,

Reported by H. L. Gilmore.

Necrosis of Right Half of Inferior Maxillary Bone.

Our first case this afternoon, is the little German boy, seen by you at a previous clinic. When last exhibited, I told you that we could scarcely hope to save his life, so depressed was his general health; since then, however, a great change is remarked. He has been using salt baths daily, living on the best and most nourishing food, drinking lager beer, and taking iron and quinine. The parts have been almost hourly syringed, and the offensive and semi-putrid discharge, instead of passing into his stomach, has been kept washed away and disinfected.

In the treatment of cases of extensive necrosis like this before us, there are three marked indications. The *first* is to keep up the life-force of the patient. The *second* is to insure against deformity, by securing new bone, to replace the dying. The *third*, to get away the dead bone, as soon as nature permits.

The first and second indications are met on a common principle, namely,—constitutional and local tonic, and stimulating treatment. As soon as I see that the death of the circumference of the bone is not to be avoided by that preliminary treatment, which applies to the demands of the inflammation in its acute stage, I at once apply myself to saving the periosteum by a process of enucleation. I introduce tents of cotton and sponge, as rapidly as I can, between the bones and periosteum, which, by their expansion, effect the end desired, hastens necessarily the death of the denuded bone, and preserves for the repair, the osteo-genic power. Here will be found exhibited the necessity for great cleanliness, and not unlikely for local stimulation. Per manganate of potash, from 3 to 5 grs. to the ounce of water, will be found an admirable disinfectant. Tincture of iodine, or the tinct. with a small addition of creosote, is the best stimulant I am acquainted with; I think the latter will provoke the periosteum to effort, when nothing else will, at least this seems to be my personal experience.

As a rule, I think new bone can be made to envelope the old; but there are cases, where such a result cannot be secured. Such a case is the one before us. I have done everything possible for this boy, but there is no attempt at repair. An explanation is to be found of course, in his general condition; he is a very scrofulous subject. His necrosis is the result of an attack of measles. I know of no similar case on record. The removal of the dead jaw must, of course, to some extent deform him, that is, if we are not mechanics enough to invent some antagonising piece of apparatus, to be worn until a cure is effected. If the boy was able to bear a longer drain upon his system, I would leave the dead bone, and continue to try to get the envelope of new bone, but this would not do, the drain must either cease, or the lad must die. The effort to secure new bones could only be a continuance of what I have been doing, and it really would seem as if it were useless to do more in this way, than has already been done.

I cannot learn, with any positive certainty, exactly how long this disease has been going on; the parents say several months, not less than six. I should say, not more than twelve. If you get such a patient cured within a year, you will have managed your case very well. The good rule always being to wait for the reparation of the bone—hastening and advancing the exfoliation by any non-operative means in reason, but never anticipating the natural cure by section with saw, knife, or chisel.

Having then done for this boy all in our power, and having, as the result, a dead half-jaw, and which, from the irritation kept up by its presence, is day by day injuring him, there is nothing left to be done but its removal, and this I will now proceed to effect in your presence.

When I touch the bone with a probe, I recognize it as dead bone. Dead bone has a peculiar feel when struck, it emits a dull leaden sound, has a rough surface, and can be recognized as being more or less necrosed. When, however, the lower jaw-bone is dead, and is not enveloped by a gutter of new bone, it is found held very firmly in its place by the surrounding indurated soft parts. This is oftentimes a source of great deception, leading to the injurious inference that the bone is not exfoliated, and as a consequence, permitting its undue retention. This is the condition in the present case. To satisfy myself, I introduce this delicate hook beneath the bone. In lifting with it, I find the bone yields with a kind of spring, as if I were pulling against cartilage. This satisfies me that the bone is loose, and needs only to be freed from this indurated ring, to be capable of a comparatively easy removal. We will now etherize the boy, and lay this ring open as far as the coronoid process. Not forgetting, however, in our incision, the relation of the internal carotid artery to this process.

Here is the bone. It includes, as you see, both the coronoid and condyloid processes, and the body as far forward as the cuspid tooth.

We will direct one-sixteenth of a grain of acetate of morphia. Leadwater and laudanum to the face, and frequent syringings with medicated water.

Phosphor-Necrosis of the Whole Body of the Inferior Maxillary Bone.

This man I present to you now cured. From his mouth, as you are aware, I have removed all the lower jaw anterior to the rami, and he has no deformity. But here is life-force, and we

have, by the same means as were tried in the case of the little boy, secured a new jaw. When the sequestrum was taken away, it lay in a gutter of new bone; and here, by the way, is a peculiarity; the inferior maxillary bone does not, so far as I have ever seen, become surrounded by new bone, as is the case so frequently with the long bones, but a gutter is formed, in which it lies. Of course, when I removed the old bone in this case, there was no break in the continuity, and of consequence, no falling in of the jaw. He looks precisely like a person who has had the lower teeth removed, preparatory to the insertion of an artificial denture, and I have no doubt that you have many persons in the dental department, looking just like him. The great sinuses on his neck, you see, are entirely healed up, and they began to heal as soon as the bone was taken away. The patient is now looking very well, much better than you have ever yet seen him. And when we consider the exhaustive drain from which he is freed, this is not to be wondered at.

It has been one year since his disease commenced, and it was mistaken for an ordinary periodontitis. The process of exfoliation has occupied a period of nine months. As you are aware, the various tonics have not been stinted in his case. I shall now pass him over to the Demonstrator of Mechanical Dentistry, and have no doubt he will soon be returned to us, looking as good as new.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

At the meeting of the Society, January 9th, among the specimens presented were the following:

Fibroid Polypus

of the uterus, very large, weighing several pounds, removed by Dr. Cutter from the uterus of a female, who had been suffering for two years from the presence of the growth, which however had been mistaken by other practitioners for malignant uterine disease. The polypus was of firm consistence and had grown so large, that finally a part projected from the vagina.

Ovarian Cyst.

The same gentleman also presented an ovarian cyst, removed by ovariotomy. The case was a simple one, no peritoneal or omental adhesions or inflammation, pedicle entirely free, which was secured to the external wound by silver ligature. Union by first intention followed and the patient is doing well.

Amputation at the Knee-joint.

A specimen presented by Dr. Bauer, showing ulceration and separation of the condyles after amputation of the knee-joint in a boy, for former traumatic injury, led to some discussion on the propriety of amputation at joints in young subjects; Dr. Bauer having suggested by way of inquiry, that cartilages allowed to be exposed, as they necessarily are in these cases, must ulcerate and finally become separated.

Dr. Sands stated his experience in two cases of amputation at the knee-joint in young boys, which were both successful, and where no separation of the epiphyses took place.

Dr. Wood had never seen the glenoid cavity exfoliate after amputation at the joint, though he has operated several times. He was in favor of the operation, and thought it safer not to remove the condyles.

Polypi of the Heart.

Dr. James R. Wood presented for a candidate the heart of an unknown man, apparently a German, who had suddenly died in a station-house. The autopsy showed, beside fatty degeneration of the kidneys, cirrhosis of the liver, pericarditis, and other lesions, the formation of several *polypous growths* in the right auricle and ventricle, fully organized, and *vascular;* the vessels can be distinguished with the naked eye. One of the polypi is 2½, the other 3½ inches in its longest diameter.

Fracture of Femur.

Dr. Sands presented the upper portions of the two femurs, belonging to the same individual, both the seat of fractures at the neck, one several years old, the other recent. The patient had died from a large extravasation of blood over the anterior half of the left hemisphere, the source of which could not be found, but must have been from a superficial vein.

Editorial Department.

Periscope.

Detection of Lung-tissue in the Expectoration of Persons Affected with Phthisis.

At the *Royal Med. Chirurg. Society*, as per report in the *Lancet*, Dr. Samuel Fenwick described in a paper the results of microscopical examination of the expectoration of 100 real or suspected cases of phthisis. His mode was to liquefy the expectoration by boiling it with a solution of pure soda then placing the fluid in a conical shaped glass, when every particle of elastic tissue falls to the bottom and can be removed and placed under the microscope, as is done in the examination of urinary deposits. In this way he has been able to detect one-hundredth part of a grain of pulmonary structure, after it had been mixed with bronchial mucus; and he calculates that one-four-thousandth to one-six-thousandth part of a grain may be detected in any expectoration that may contain it.

In 13 out of 23 cases in which tubercle was suspected to be in the first stage, lung tissue was found in the sputum. In 7 of the 23 cases, there was no physical sign of tubercle, but its existence in the lung was suspected from general symptoms only; and in the expectoration from these there was no pulmonary tissue. In 16 cases, there were stethoscopic signs, leading to the belief that tubercle was present; and in 13 of them elastic fibre was found in the mucus coughed up.

In 24 cases in which auscultation and percussion indicated softening of tubercle in the lungs,

pulmonary tissue was present in the sputa. In 15, the physical signs were of a doubtful nature, and 7 of these presented microscopic evidence of ulceration of the lungs.

In 35 cases, the stethoscope indicated cavities, and in all these there were fragments of lung-tissue in the expectoration. In two cases, the author had diagnosticated enlarged bronchial tubes, and in neither of them was there any appearance of elastic fibre in the sputum. In 69 cases he counted the numbers and size of the fragments of lung expelled. In one specimen, coughed up in twelve hours, 800 fragments were found; and often 50 or 60 fragments were detected, where from the stethoscopic signs alone, no great destruction of lung could have been anticipated.

The proportion of bronchial tubes was least in the stage of softening, and greatest where the stethoscope indicated cavities. The greatest proportion of fragments of single air-cells, was found in the first stage, and the largest proportion of large fragments of lung, where cavities existed.

Treatment of Typhus Fever by Tea.

We have received from its author the reprint of an article published some time ago, in the *Med. Press and Circular*, by THOMAS WRIGLEY GRIMSHAW, M. B., in which a number of cases of typhus fever treated by tea, are detailed. We give the main points of this interesting article.

Tea has been frequently employed in the treatment of fever, chiefly as a stimulant to rouse patients laboring under comatose conditions. Dr PERCEVAL, in 1818, employed tea for the purpose just mentioned. Dr. CLUTTERBUCK, Dr. GRAVES, and Dr. STOKER have also used it in a similar way, and Dr. KENNEDY at present orders tea as an extra article of diet to his patients in Cork Street Hospital. Dr. PARKES has also recommended extract of coffee with a like object. Dr. PARKES found that doses of extract of coffee, given to fever patients, considerably increase the amount of urea excreted in the twenty-four hours. The experiments of BÖECKER and LEHMANN have shown that tea and coffee tend to diminish the amount of waste of nitrogenous tissue, which, at first sight, seems to be a contrary result to that obtained by Dr. PARKES. The fact appears to be, that tea and coffee tend not only to diminish the amount of waste of nitrogenous tissue, but also to assist the elimination of the urea already formed by the nitrogenous waste. The result of these observations by PERCEVAL, GRAVES, VIRCHOW, PARKES, and LEHMANN, is that tea and coffee appear to contain many of the qualities required for the treatment of continued fever, especially typhus, the great characteristic of which is the rapid waste of nitrogenous tissue, and some of the most prominent dangers of which appear to be produced by the accumulation of effete nitrogenous particles in the blood. The stimulant properties of tea must not be overlooked, when considering its use in treating fever.

From the power of tea to produce wakefulness, Dr. G., with the exception of one case, perhaps, has experienced no inconvenience. Thirty-three cases, thirty-two of typhus, and one of typhoid fever, are detailed by the author, and the following general conclusions drawn.

Twenty-one cases of typhus were successfully treated by tea, without any other internal remedy of importance; and some of these cases were of a very severe character. One case got a little wine, but not sufficient to be considered as having any effect on the result of the case. Of the remaining cases, one got ten ounces of wine for a few days, but the quantity was immediately lowered; one got ten ounces of wine, for one day only, after which it was quickly reduced. In one case, the tea was found to disagree, and had to be discontinued. In Case 26, only a small quantity, four ounces of wine daily, was given. Case 27 got ten ounces of wine for one day, but it was also rapidly reduced. Case 28 got large quantities of wine, but this was a remarkably severe case. Thus we have six cases treated with wine and tea both, but in most of these cases only a small quantity of wine was given. Four cases got whisky, in addition to the wine and tea, two on account of the peculiar condition of the cases, two on account of complications during the progress.

The cases detailed, although not very numerous, show unusually favorable results in the treatment of fever, only one death having taken place in thirty-three cases. The success attendant upon the treatment is, in the author's opinion, quite sufficient to justify the further trial of tea as a remedial agent in typhus and allied diseases.

The tea was given in strong infusion, in doses of from two to three ounces every two, three, or four hours. Dr. G., at first, thought of using the active principle of tea and coffee, but found it too expensive for hospital practice. He believes that a fluid extract of tea, deprived of its astringent matters, will be found the most convenient and cheapest mode of administering the remedy.

The Relationship of Cancer and Tubercle.

Regarding this interesting subject, Dr. THOMAS WEEDEN COOKE in his work, recently published in London, on "Cancer, its Allies and Counterfeits," and based on extended observations made as surgeon to the cancer hospital says:

"For a long time I had looked upon the occasional combination of tubercle and cancer as a curious coincidence, which did not seem to have any practical bearing upon the inquiry as to the nature of cancer. I had seen syphilis and cancer in the same person in rare instances, and the fact of phthisis being a frequent disease in our climate seemed to make it quite natural, that occasionally our cancerous patients should also be phthisical. I subsequently noticed that adenoid tumors nearly always occur in persons who had phthisical relations; and further, that adenoid tumors sometimes become cancerous. Stimulated by these associations, I have made diligent inquiry, and find, in a very large number of instances, that phthisis exists in the families of most cancerous patients, who have not an hereditary tendency to cancer itself; and that a cancerous parent will often beget children that become

phthisical. . . . If, then, phthisis is found to precede and to follow the evolution of cancer in a very marked degree, and if it be a constant *associate* of tumors which *occasionally* take on cancerous action, *how are we to escape the conclusion* that these two diseased products, cancer and tubercle are *interchangeable creations?* Thus may we fill up the hiatus wanting in the statistics of the hereditary predisposition to cancer, and thus only may we safely and surely build up the theory of the constitutional origin of cancer.

Statistics of Cases of Complete Excision of the Astragalus.

In his lectures on the anatomy and surgery of the human foot, published in the *Lancet*, Mr. Henry Hancock, F. R. C. S, gives the following synopsis of 109 cases of complete excision of the astragalus.

Of these 64 were for compound dislocations, of which five were complicated with fracture; four were for compound fracture; twenty for simple dislocation; ten for disease (caries); one for necrosis; of ten the causes are not stated.

Of the 64 excisions performed for compound dislocation, fifty recovered with good and useful limbs; one underwent secondary amputation of the leg, and recovered; eleven died, of whom one had undergone secondary amputation; of two the results are not given.

Of the four operated upon for compound fracture, three recovered with good and useful limbs; one died.

Of the twenty operated upon for simple dislocation, in four, of whom one died, the bone was allowed to remain for a month; in one the bone remained for nineteen weeks; in seven, of whom two died, the bone was removed immediately; in two the bone was removed for secondary caries, but at what period, it is not stated. In the remaining six the period of removal is not given.

Of these twenty, fourteen recovered with good and useful limbs; three died; in three the results are doubtful.

Of the ten cases performed for disease, (caries), six recovered with good and useful limbs; one submitted to secondary amputation two years afterward, and recovered, one died; in two the results are doubtful.

The patient operated on for necrosis did well.

Of the ten cases the causes of which are unknown, two recovered with good and useful limbs; one died; in seven the results are not known.

So that of the 109 cases, seventy-six recovered with good and useful limbs; two submitted to secondary amputation, one recovered; sixteen died, including one in which secondary amputation had been performed; in fourteen the results are not known.

Is Quinine a Partus Accelerator?

We meet among physicians not unfrequently the idea that quinine given during pregnancy, is apt to produce abortion or miscarriage. This idea, as far as our own experience warrants an opinion, we hold is erroneous. Dr. D. L. Phares expresses the same views in an article published in the *Atlanta Med. and Surg. Journal.* If a woman who is the victim of intermittent fever, has a miscarriage, after the administration of quinine, it does not necessarily follow that the accident was produced by the quinine. The fear of producing abortion by the administration of quinine, has, it is suggested, probably prevented practitioners from giving quinine, thus allowing the disease to continue for too long a period, and finally quinine was given and a miscarriage followed; the latter, in reality due to the intermittent, was erroneously ascribed to the remedy.

Scalds of the Larynx.

In a report on scalds of the larnyx, by Dr. Philip Bevan, published in the *Dublin Quarterly Jour. of Med. Science*, the author advocates treatment of these cases by the rapid exhibition of mercury, in the place of tracheotomy. In addition to four cases, thus treated successfully and previously reported, he now gives five other cases in which the same treatment was adopted with complete success, making a total of *nine consecutive cases* in which the practice has been successful. In reviewing the statistics of tracheotomy for this accident, which is acknowledged to be unsuccessful by Erichsen and Gross, the author finds of thirty-six cases, twenty-five deaths and but eleven recoveries. The reason why tracheotomy generally fails in cases of scalds of the larynx, Dr. Bevan considers to be the almost universal implication of the lungs. Post-mortem examinations have generally shown the rima glottidis sufficiently open for the ingress of air, although the mucous membrane of the larnyx is swollen, red, or puffy. Hence the glottis, though contracted by swelling, is not sufficiently so to be the cause of death by suffocation; and hence too the want of success of tracheotomy. The fatal lesion in these cases, according to Dr. Bevan, is found in the lungs. In all cases where the lungs were examined after death from this accident, they were found gorged or inflamed. In a case where death resulted three hours after the accident, the lungs were found gorged with blood; trachea and bronchi congested and full of mucous; cervical veins and right side of the heart full of blood; in one case there was acute pneumonia, in another the right lung was fixed by adhesive bands, and lower lobe hepatized; in another case softening of right lung and surrounding inflammation round its root, etc. Death then resulting in these cases from disease of the lungs, not only does tracheotomy fail to fulfil any therapeutic indications, but the only logical and rational treatment is rapid and energetic medication to counteract and suppress the morbid action in the lungs. This the author finds in calomel, pushed even up to salivation and green stools until the symptoms subside. At the same time the child's strength should be supported by good chicken-tea, or beef-tea.

—— The New York State Institution, known as the Hudson River Hospital for the Insane, has been located at Poughkeepsie, about two miles north of the city. Dutchess county gives a bonus of $85,000.

Reviews and Book Notices.

Infantile Paralysis, and its Attendant Deformities. By CHARLES FAYETTE TAYLOR, M. D., Resident Surgeon New York Orthopædic Dispensary; Author of Mechanical Treatment of Angular Curvature of the Spine; &c., &c. Philadelphia: J. B. LIPPINCOTT, & Co. 1867. 12 mo. pp. 19.

Specialism is certainly legitimate, if it be scientific; and so long as it adheres, in its course, to sound ethics. The department of *orthopædia* is as well entitled as any other, to special study and practice; requiring as it does, inquiry into cases comparatively infrequent, and demanding mechanical ingenuity in treatment.

Dr. TAYLOR'S work is well written, and instructive. His topic is that form of paralysis peculiar to the growing period; from six months to four years, and again, from ten to fourteen. It is marked by the entire absence of reflex excitability of the muscles, and great diminution of their capiliary circulation. The only satisfactory explanation of its origin is believed to be, that it is "nearly, if not wholly, due to the diminished capillary circulation rather than, as in some other forms of paralysis, to the direct influence of a lesion in the brain or spinal cord." *Paresis* is what HANDFIELD JONES would call it; and deficient nutrition and *development* of the *nerve-centres* is its probable cause. It is most common among the rich; and, in Dr. TAYLOR'S view, may be not unfrequently ascribed in this country, to excessive brain-tension, impairing the organic energy of reproduction.

For some time, at least, the general tendency in this form of paralysis is described as being towards recovery. If this be complete, it generally takes place within a few weeks or months. "Contractions" of muscles attend it, often quite early. Dr. TAYLOR asserts that they are really only *mechanical shortenings* of the muscles, from their attachments being from a length of time, brought nearer together. It is not an *irritative* or *spasmodic* contraction that occurs. The greater the degree of paralysis, the more decided the shortening. And lengthening also happens, from weakening in the muscles which oppose those which are so shortened. The difficulty of treatment consists "much less in relaxing the shortened muscles than in giving tone and strength to their antagonists, the lengthened and weakened ones." *Position of the limbs* is therefore, alone, enough to cause deformity in cases of infantile paralysis. In bed, the drooping of the toes promotes *talipes equinus* in this mode. When the patient sits much, shortening of the flexors of the legs and thighs goes on. Standing and walking lamely, favors, according to circumstances, *talipes varus* or *valgus*.

Dr. TAYLOR declares all these deformities to be *preventable;* which is, of course, infinitely better than their cure, even if that were certain, the measure of prevention is simply, not to allow any of the enfeebled muscles to be subjected to strain by over-exertion, or to prolonged shortening from position.

In *treatment*, besides favoring, especially by hygienic means, the recuperative efforts of nature, the muscles are to have given them opportunity to act *within their capacity*, whatever that may be. Thus the development of the overstretched muscles is advanced; making them to overcome the resistance of the shortened ones. Tenotomy and mechanical appliances are only means to this end. Our author gives good specific directions, with illustrative wood-cuts, of the different forms of apparatus which he prefers. The exact adaptation of the force used to the condition of the impaired muscles, seems to be the great point.

Heat is used as a valuable therapeutic agent by Dr. TAYLOR. He prefers dry to moist heat, according to the following method: "Parents are directed to prepare a screen large enough to protect the whole body of the child. This is put before the fire, and the patient is placed behind it. Its legs are thrust through and placed on a bench very near the fire, where they are kept for hours at a time. The heat should be kept from the child's head and trunk, as we want not only positively but relatively high heat. A still more effective plan is to place a gas-stove in a wooden box, one side of which is curtained with a piece of cloth having holes, through which the feet and legs are thrust into the box, where they are subjected to any degree of temperature desired."

This reminds of the *sun-bath* of Dr. DIO LEWIS.

Alcoholic Dressing for Wounds.

A few years ago M. NÉLATON adopted dilute alcohol as a dressing for wounds, surgical and traumatic; and since that time the practice has extended considerably, with results said to be highly satisfactory. It is stated to have a strong tendency to the prevention of erysipelas and pyemia. The strength employed is that of dilute alcohol of the U. S. Pharmacopœia. We have long been in the practice of using it in a more dilute form, not only in wounds, but in ulcers, with good results. As a popular application to small and superficial wounds there is nothing better than laudanum. It allays the smarting and promotes the healing.—*Pacific Med. and Surg. Journal.*

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JANUARY 19, 1867.

DECREASE OF POPULATION IN FRANCE AND NEW ENGLAND.

The proposition of the Imperial Government of France to increase its army, has given rise not only to very serious political discussions, but has brought to light some very interesting statistical facts regarding the growth of population of that country—facts which would show that the "great empire" has for years been undergoing a process of decay, which is a very serious obstacle to further political and social progress.

The main fact, thus brought to light, is that there has been a steady decline of growth of the population of France, as compared to other European nations; and so marked has been this decline, that a Paris journal expresses a fear that the period will soon arrive, when the annual increase of population will be insufficient to balance the loss by mortality. The average number of offspring from each marriage in France, at the beginning of this century, was for the Provinces *five*, for Paris *four*. The proportion has sunk to *three* and *two* relatively. The mortality of children in France, during the first year of life, at present is twenty per cent. The following table shows the decrease of population most markedly:

Year.	Population.	Decennial increase.	Yearly increase.
1821	30.461,875	———	———
1831	32,569,275	2,107,350	0.69
1841	34,230,178	1,660,053	0.59
1851	35,783,170	1,552,992	0.45
1861	36,717,254	935,084	0.26

The annual increase has thus declined from 0.69 to 0.26. Great Britain, on the contrary, has increased its population, since 1821, from 20,000,000 to 30,000,000, in spite of the numerous emigration, especially from Ireland. The Germans are also a much more emigratory nation than the French, yet in Prussia, the natural increase of population (not taking in that resulting from political annexation) has been 0.82.

But aside from the annual decrease of the number of births in France, a decline is shown in physical strength and stature. According to the recruiting lists during the years 1816—20, when the population had not yet reached 30,000,000, the number of young men inscribed annually was 290,000. At present, with a population of 37,000,000, the number inscribed, according to the same ratio, should reach at least 348,000, but there are only 310,000. Thus, while the population is yet increasing 0.20, the number of young men, from 20 to 21 years of age, remains nearly the same.

These facts, as published by the New York *Belletristisches Journal*, in a very reliable correspondence by Mr. Blind, of London, are interesting to the student of social science and ethnology. What are the causes of this decline? The fact that the average of births to each marriage is so markedly lower in Paris, shows conclusively that city life, city habits, city luxury and effeminacy exercise a deteriorating influence upon the propagation of our race. Not only is infant mortality, beyond comparison, larger in the city than in the country, but the marriages themselves are less prolific. And this, we fear, as is also, unfortunately, the case in our large American cities, and particularly among the native population, is due, not so much to physiological reasons beyond control, *as to artificial means employed to prevent increase of our race.*

The decrease of the native population of New England has recently been pretty fully discussed. The astounding fact has been established, that were it not for the constant influx of foreign emigrants, the population would scarcely hold its own. In an article republished in the *Boston Med. and Surg. Journal*, from the *N. Y. Observer*, the following figures are given of an inland town in Massachusetts, which has been occupied by six generations. The first generation had an average to each family, of 9.50 (9½) children; the second, 7.31; the third, 7.69; the fourth, 7.25; the fifth, 4.90; and the sixth, 2.84. We might quote statistics upon statistics, showing the same tendency to decline among the native population.

The writer of the article in the *Observer*, quoted above, says: "What cause, or what causes could ever possibly bring about such disastrous results? Is it war? Is it pestilence? Is it famine? Is it disease of any kind? No; the whole explanation may be summed up briefly under two heads: 1st, the *physical degeneracy of females;* and, 2d, the settled determination among a large portion of those in married life *to have no children, or a very limited number.*" It is gratifying that the non-professional press are taking this matter up and setting it in its true light. As total reform of female education must precede a total reform of social habits and social life, before this alarming tendency to decay can be arrested, American females must be educated more as *women*, and less as *ladies*. The absurdities and follies of extravagant fashion must be

made to give way in the female mind to an understanding of the duties and the realities of life. If we wish "Americans to rule America," as has often been grandiloquently exclaimed, we must at once begin, before it is too late, to educate American women to *breed* Americans. The evil will not be remedied until they cease to consider children incumbrances.

STATISTICS OF HOSPITALS FOR THE INSANE.

It is a pity that the medical superintendents of our various hospitals for the insane, easily as it might have been done through their association, have not long ago adopted some uniform system of statistical tables, from which the main facts and data as to insanity in the country might easily be deduced. A few simple, uniform tables embodying the causes, forms, course and results of treatment, and mortality, given with each annual report, would be but slight additional clerical work, while the facilities which the plan would offer to comparison, and analysis, would be inestimable. As it is, the annual reports before us for 1866, form, as a whole, a chaotic mass of details without system, often deficient, from which it is impossible to glean a satisfactory general summary.

In five of the largest institutions of Pennsylvania, New Jersey, Maryland, Connecticut and New Hampshire, the total number treated during the year was 2777,—1371 males and 1406 females. The number of *recoveries* was 389,—175 males and 214 females. Total of *deaths* 209,—105 males, 104 females. We have thus a per centage of recoveries of 14; of deaths 7. These recoveries only include those which were *complete*. Partial recoveries and improvements are not included.

In regard to the previous occupation of the patients, the Report of Dr. STOKES, of the Mount Hope Institution, near Baltimore, shows among 285 male patients the following, as the most frequent: Merchants 61, clerks 45, farmers 30, laborers 29, tobacconists 11, physicians 9, clergymen 8, lawyers 6, seamen 7. Other occupations are but slenderly represented.

Dr. JOHN S. BUTLER in the report of the Hartford Retreat for the Insane, gives the occupations of 1518 males, admitted to the institution since 1843, and of 1865 females. We quote only the larger figures: Farmers 443, merchants 121. day laborers 118, clerks 67, students 43, mechanics 39, carpenters 35, schoolboys 35, lawyers 32, shoemakers 32, physicians 27, teachers 25, book keepers 22, seamen 21, painters 18, blacksmiths 17, machinists 16, clergymen 13, cabinet-makers 12, tailors 11, weavers 11, speculators 10, soldiers 10, etc. Of females: domestic pursuits 1,261, domestics 112, teachers 83, seamstresses 60, factory girls 43, schoolgirls 38, tailoresses 22, milliners 17, etc.

The same gentleman gives the following table of *supposed causes of Insanity in* 4543 *cases, admitted since the opening of the Retreat, without distinction of sexes:*

Ill health	838	War excitement	14
Intense exertion	361	Erroneous education	13
Intemperance	289	Use of opium	13
Religious excitement	226	Jealousy	9
Grief, loss of friends, etc.	225	Fear of poverty	8
Masturbation	176	Home sickness	8
Domestic unhappiness	174	Change of habits	6
Puerperal state	159	Sexual indulgence	5
Perplexities in business	109	Malformation of brain	5
Disappointed affection	107	Mesmerism	3
Epilepsy	76	Sun stroke	3
Paramenia	4	Apoplexy	2
Injuries of the head	43	Disease of heart	1
Turn of life	35	Chorea	1
Exposure of various kinds	34	Slander	1
Paralysis	31	Ridicule of shopmates	1
Fright	23	Self-indulgence	1
Spiritual manifestations	21	Necrosis	1
Fever	21	Wakemanite excitement	1
Repelled cutaneous disease	20	Political excitement	1
Use of tobacco	20	Measles	1
Disease of brain	18	Fumes of charcoal	1
Want of sleep	18	Grahamism	1
Millerism	16	Exposure to quicksilver	1
Disappointed ambition	15	Unknown	1327
Bodily injuries	14	Total	4543

It appears from this table that of the supposed known causes 2263 were *physical*, and only 953 *emotional*. And of the latter, how many are really to be considered causes of insanity? Religious excitement (226), grief (225), domestic unhappiness (174), etc., etc., etc., may, in many cases, have *accompanied* the first visible outbreak of mental disorder, but we do not think that these emotional excitements can, even in the small ratio given, be considered causes of insanity. This whole subject is yet in the dark, and Dr. STOKES well remarks in his report:

"Thus far, in the study of this mysterious malady, scientific men have only been able to play upon the surface, to gather a few pebbles from the shore of a boundless ocean beyond. All agree, that no fixed determinate pathological lesion characterizes the diversified forms of mental disorder. We only know, that whatever form of mental aberration exists, it always depends upon some physical lesion of the brain and nervous system. But what is the precise seat, and exact nature of this lesion, whether the nervous centres are primarily affected, or whether some remote organ sympathetically disturbs the normal working of the mental powers, are problems difficult of solution, and requiring, in each particular case, careful consideration and study."

Regarding *intemperance* as a cause of insanity, the same gentleman remarks:

"*Intemperance*, it is seen, holds a prominent place amongst the causes. To this vice, twenty-nine cases were clearly attributable. In this

number, are only included those attacks of the more *ordinary forms* of insanity produced by it. Those cases resulting in mania-a-potu and oinomania, comprise other distinct classes. There can be no doubt, that intemperance enters much more extensively into the causation of insanity than is represented by this number. To this wide spread and pernicious habit, might safely be ascribed many of the cases set down to other causes. For instance, in how vast a proportion of those cases believed to have orginated from ruined health, from loss of property, from domestic difficulties, and from a thousand other sources of mental anxiety, might not intemperance be considered, with entire justice, the grand original cause of the whole evil?"

The universal complaint in the reports of almost all our public institutions for the care of the insane, is want of room, and the overcrowding of patients as a consequence. It is estimated that our public hospitals for the insane, at their utmost capacity, can accommodate but one half of the insane in the country,—even less perhaps. Hence the county almshouses are peopled with this unfortunate class, without adequate bodily and moral care, and with no idea of curative treatment. This state of things the profession should lend its earnest help to remedy.

CRIMINAL ABORTION AND SYMPATHIZING JUDGES.

A remarkable instance of criminal abortion, showing how lightly this crime is sometimes judged by gentlemen occupying the bench, happened a short time ago at Providence, R. I.

A young girl, single, expecting soon to become a mother, comes to Providence, and seeks relief at the establishment of a man by name of Mattison, who, it seems, carries on an abortion institute in Union street of that city. She is told that the fee is one hundred and fifty dollars. Not possessing the amount, she steals it from her employer, returns to the den of murder, where the crime is consummated. Detectives meanwhile are on the track, and finally she is arrested. Upon her evidence search is made, the remains of the slaughtered child recovered, and convincing proof brought before the Grand Jury,—sufficient to cause an indictment against the keepers of the abortion establishment. Public excitement runs high, and everybody expects the villains to be dealt with according to the full measure of the law. But now two of the culprits retract their pleas of not guilty, and by a *kind and sympathizing Judge* are fined only $350 and costs each, without imprisonment! Three or four new slaughters, at $150 apiece, will make up the loss. What perversion of the moral sense must possess a judge who so mistakes his duty.

Notes and Comments.

Medical Department of the Army.

We are glad to know that satisfactory progress is being made toward getting out the medical and surgical history of the late war, the first volume, with its magnificent illustrations, being about ready for the press. The profession are under lasting obligations to Surgeon-General Barnes, for persevering with this great work, in spite of the failure of Congress as yet, to make the necessary appropriation for its publication. It will be, when completed, the grandest contribution to medicine and surgery extant, and we trust that Congress will not fail to make the necessary appropriation for its completion. Even if it should fail to do so, however, we believe the Surgeon-General will find the means to complete a work of so much importance to the medical profession, and to the world.

Percentages on Prescriptions.

The *American Journal of Pharmacy* has some excellent remarks, reprehending the practice of physicians and apothecaries offering each other and accepting a per centage on prescriptions. The practice, which we have reason to believe, prevails to a considerable extent, is an outrage, and those guilty of it should be promptly and decisively *put down* by members of both professions.

The remarks of the *Journal* were based on the following circular that came into its hands:

"*Confidential.*

"Dr. ———. *Dear Sir:*—Having recently located myself at ——— street, as practical druggist and pharmaceutist, I would most respectfully solicit your patronage. With an experience of ten years at the head of the prescription department, I trust by the strictest CARE AND DILIGENCE to merit your favor.

"Feeling a desire to make my establishment a permanency, and owing to the great competition I may have to contend with, I beg leave to offer you a commission of ten per cent. on your prescriptions payable monthly. Sincerely hoping that this proposition may not meet with your disfavor, I am, very respectfully,

"Your obedient servant,

"—— ——.

"*Philadelphia, Nov.*, 1866."

The first paragraph is well enough, but the last is dishonorable to the party making it, and an insult to the one to whom it was made.

The *Journal* further remarks:

This is not the first time we have seen a missive of this character, though it but rarely happens that the apothecary has so mistaken the general temper of physicians as to approach

them in this palpable form. In another instance, twenty-five per cent. was offered as the inducement to the physician to part with his self-respect. On the contrary, the proposition sometimes comes from the other direction, and it is the apothecary who is applied to by the physician. In either case, it is a direct temptation to the sin of coveteousness—urging the physician to prescribe more frequently and expensively than he otherwise might think necessary, and urging the apothecary to overcharge the patient, that he may retain his usual profits.

However this may be, it is all wrong, and an insult either way to honorable members of either profession, and should be discountenanced by them both. Let the writer of the above missive take the beaten path to success in pharmacy, by meriting success on the score of excellence in dispensing, both as regards the quality of his drugs, the perfection of his preparations, and the neatness of his dispensing; and with a reasonable amount of patience and enterprise, he will much sooner succeed than by perilling his reputation by such offers.

Correspondence.

DOMESTIC.

A New Topical Remedy in Erysipelas.

EDITOR MEDICAL AND SURGICAL REPORTER:

Of late years I have treated erysipelas locally as follows: Under almost all circumstances I paint the parts with the tinct. ferri. chlor., until they assume the color of carbonate of iron. To produce this shade, it will require at once about six applications or coats. This is repeated morning, noon, and evening, in very serious cases, otherwise two or one application daily will suffice. It is diluted with water about one-half or more, when applied to denuded parts the first time; thereafter I use it of full officinal strength. In applying it when there is a great tendency to spread, I not only include the sound skin a few inches beyond, as generally taught, but paint over at once the whole of the limb or parts. For instance, if it be a leg attacked, I would paint over the whole up to the knee or pelvis. In the face, I apply it over the half, or whole, up to the margin of the hair. By doing this we certainly do no harm, but may gain greatly in checking the progress of the disease during the night time when the patient is least cared for. The blisters as soon as formed are punctured, and the tincture applied immediately to the collapsed cuticle in full strength. The stained skin after recovery will peel off in a few days of itself, and not injure the appearance of the parts.

The balance of the treatment I vary to suit the particular symptoms as they appear. The parts affected are kept covered or exposed, elevated or lowered, as may suit the comfort of the patient. If they are so tense as to prove painful, I find that rye flour mixed with lard to the consistency of thick dough, the best application. This is changed as it becomes heated. Otherwise I use no poultic, emolients or any other moisture to the parts, as they certainly aid in raising blisters and causing ulcers to form, thus proving injurious. This I consider an established fact. The constitutional symptoms are attended to on general principles, relying on iodide of potassium, as certainly the best of all internal remedies we know of at present. I give it in syr. sarsap. in doses of x., xv. and xx. grs. every three or four hours. In serious cases, where the face or scalp is involved, I give it every half hour in scruple doses as long as danger is apprehended. Not having heard or read of the tinct. ferri chlor. being used as described above, I give this information in order that others may give it a fair trial, and test its merits as a local remedy in said complaint.

I have used it in preference to any known remedy these last eight years, and must say that it has proved very useful. I presume the tincture acts by destroying the cuticle, thus preventing the spreading of the disease.

L. B. BALLIET.

Unionville, Lehigh co., Pa., Jan. 1, 1867.

Tænia Treated by Pumpkin Seed.

EDITOR MEDICAL AND SURGICAL REPORTER:

Knowing that tænia is of uncommon occurrence in this part of the country, I put the following case at your disposal:

Subject, male, æt 18. Symptoms, wakefulness, constant spitting day and night of large quantities of slimy matter, severe gnawing pain in the epigastric region, relieved almost instantly by eating; appetite irregular, nausea, furred tongue, fetid breath, costiveness, sight affected, complained of seeing double; lastly, passing of joints of the worm.

Treatment. Patient being very much emaciated, weak and unable to undergo necessary treatment, prescribed nourishing food and a tonic of

℞. Quiniæ sulph., ℥ss.
Tinct. ferri chl., f.℥j. M.

Sig. 20 drops in water after each meal; kept bowels open with ol. ricini. Continued treatment two weeks; allowed no supper, gave at bedtime, hyd. chl. mit. gr. x. As soon as patient awoke in the morning gave of the stripped seed of cucurbita pepo ℥ij., made into an emulsion

with sugar and water; at nine o'clock gave ol. ricini f.℥i. At five P. M., passed about five feet of tænia; in an hour passed about eight feet more, it has now been about fifteen months; patient is perfectly well and strong, no more symptoms.

M. V. Culin, M. D.

Delaware City, Del., Dec. 24, 1866.

Metallic Spectacles.

Editor Medical and Surgical Reporter:

Sir:—Having read the article in the Reporter of Dec. 8th, entitled "metallic spectacles," as found useful in photophobia, and having noticed similar articles in other journals, I was induced to try the experiment. Upon the glass of pale-blue goggles, I penciled the thinnest possible coating of boiled linseed oil. When nearly dry, I overlaid with gold-leaf, polishing it down in the usual manner.

Through this, the direct rays of the sun were *not* pleasant to my sensitive retina, notwithstanding the obscurity produced was nearly total. Even after the coating had been polished, until it was nearly removed, it was impossible to distinguish objects through it in a well-lighted room.

Will any one who knows, please point out why this experiment was a failure, and oblige,

M. De Forest, Jr., M. D.

Middlebury, Conn., Jan. 9th, 1867.

News and Miscellany.

Dr. Gunning S. Bedford's Works in Foreign Countries.

The two works by this distinguished American author have been received with great favor by the profession, both of his own and foreign countries. The one on Diseases of Women and Children is now in its eighth edition, and receives many notices from foreign journals similar to the following, which must be very gratifying to an American author:

"Dr. Bedford's book is worthy of its author, a credit to his country, and a valuable mine of instruction to the profession at large. We are quite sure that it will be a welcome addition to professional libraries in Great Britain as well as America."—*Brit. and For. Med. Chir. Review.*

"We were actually fascinated into reading this entire volume, and have done so most attentively; nor have we ever read a book with more pleasure and profit. There is not a disease connected with infancy or the female system, which is not most ably discussed in this excellent work."—*Dublin Quarterly Journal of Medical Sciences.*

"A careful perusal of Dr. Bedford's book has led us to believe that its value will continue to be acknowledged, and the author recognized as a most able and acute practitioner of medicine The work is of the most practical character everything is made to tend toward the relief and treatment of disease, and remarkable skill is shown in quickly arriving at an accurate diagnosis. To get at once to the point, is the pervading characteristic of the author's teachings." "We cordially recommend it to all practitioners and students of medicine."—*London Lancet.*

"It is to be regretted that we have not more such books in Great Britain."—*London Medical Times and Gazette.*

"The style of the author is very graphic. The book not only proves Dr. Bedford to be a sound physician and an excellent clinical teacher, but it also affords evidence of an extensive acquaintance on his part with the literature of his subject on this side of the Atlantic."—*British Med. Journal.*

Similar notices of the work on Obstetrics also appear in foreign journals. The terms of approval are full and hearty.

"It was with considerable interest that we opened the imposing volume which Dr. Bedford has given to the world. It has cost its author many an hour of thought and toil, which would otherwise, perhaps, have constituted the leisure of a busy life. The fact particularly has struck us much in reading this book—the author seems to think no point too trivial to notice. With great good sense he instructs his readers in matters which are too often discussed in a few words. We have read the work with great pleasure, and as a practical guide is a truly excellent one—perhaps, in this respect, it is unsurpassed."—*Glasgow Med. Journal.*

"The work of Dr. Bedford is, as its title implies, a complete Systematic and Practical Treatise upon Obstetrics, brought up to the existing state of the science, and embracing the anatomy, physiology, signs and diseases of pregnancy, parturition, and child-bed. All these subjects, with the physiological disquisitions arising out of some of them, are discussed. Assuredly, so comprehensive a course was never, perhaps, before given. The volume is evidently the result of much labor and research, and contains a vast deal of information, and that of a recent kind, upon nearly all the subjects connected directly or indirectly with midwifery."—*British and Foreign Medico-Chirurgical Review.*

American authors may not reasonably expect anything more than they deserve from foreign reviewers. Dr. Bedford may consider himself "well used," for they have all fully recommended both of the works he has recently given to the world.—*Buffalo Med. and Surg. Journal.*

—— New York State Inebriate Asylum.—At a meeting of the Board of Trustees of the New York State Inebriate Asylum at Binghamton, on the 9th inst., Dr. Willard Parker, President, in in the chair, all the differences in that institution were amicably adjusted. Dr. J. Edward Turner was assigned his position as Trustee and Corresponding Secretary, and retires from the establishment.

Change of Doctor.

The following extract, which we make from an editorial in a late No. (Nov. 24th) of the *Medical Times and Gazette*, is worthy of consideration both by physicians and patients.

"Patients will from time to time change their medical attendant; they have a perfect right to do so, and the thing cannot be resisted, and ought not to be resented if done courteously. Even the old family doctor, who has attended perhaps two generations in one house, some day finds himself superseded by a younger rival; this is quite reasonable, natural, and inevitable. Patients, too must, so long as human nature is human nature, and so long as anxiety, fear, hope, and credulity operate, desire from time to time to have a second opinion, and it may even happen that the 'second opinion' may be that of a man no way superior to the first attendant—nay, sometimes of a man much inferior in the eyes of real judges. Moreover, a change of attendant, or a consultation, may be carried out not only unreasonably, but brusquely, discourteously, and without due regard to the feelings and professional repute of the displaced practitioner. Under such circumstances, we hold it to be bad policy in the latter, however aggrieved, to remonstrate or make any show of annoyance. It never does any good, and only gives the patient reason to believe in his own importance, and in the heavy loss which the withdrawal of his patronage may occasion. Yet, if the patient is a man of sense, he ought to know that it is against his own interests as one of the public to treat his medical attendant shabbily.

"In many callings, but in medicine more than any of them, there is the greatest possible difference between 'eye service'—that is, the mere mechanical routine of duty, done perfunctorily, for mere pay—and the zealous, watchful, inventive heart service of a man who throws himself with all his powers and all his feelings into the effort to mitigate suffering or save life. It is just that which is above price, and which money cannot buy, which is trampled in the mud by persons who act shabbily to a zealous and conscientious medical attendant."—*Med. News.*

Reduction of Infantile Mortality; French Philanthropy.

The Paris correspondent of the *Daily News*, referring to the subject of infant mortality which has lately occupied the attention of the French journals, gives a striking illustration of the extent to which the excessive fatality of childhood may be reduced by proper attention to the requirements of nature. M. Jean Dollfus, one of the largest manufacturers in Alsatia, was shocked to find that the women employed in his factories lost 40 per cent. of their children in the first year, whereas the average mortality at that age in France is only 18. He came to the conclusion that a main cause of this frightful loss of incipient life was the necessity laid upon the mothers to resume work too soon after confinement, and therefore, with the true grandeur of a merchant prince, determined to pay every woman in his service, who was brought to bed, six weeks' wages, without requiring any work for it. This was three years ago. The result of this philanthropic experiment has been the reduction of infant mortality in the district from 40 to 25. Six other houses have been so struck with the beneficial effects of M. Dollfus' system that they have resolved to adopt it, subject only to a modification—necessary, perhaps, in a commercial point of view, and wholesome as regards the independence of the workmen. Seeing the immense benefit to humanity produced by M. Dollfus' charity, they recommend to all their *employeés* to make themselves participants in the system by a subscription of three sous a fortnight from all women in their factories, between the ages of eighteen and forty-five years. The premium is insufficient to cover the risk, but the masters undertake to make up the difference.

An example so good in every respect is well worthy of imitation in other countries. We need not go to France for instances of children dying in their first year at the rate of 40 or even 50 per cent. Mothers are called away to work long hours in the field or the factory quite as soon after confinement with us as elsewhere, and their infants suffer from just the same causes as moved the kind heart of M. Dollfus.

The plan of establishing a fund from the contributions of the women themselves, to be available for the support of the mother during an enforced abstinence from her work, as being of the nature of an insurance, is certainly preferable to any scheme of mere eleemosynary help; and if the mention of M. Dollfus' success induce any of our employers of female labor to give the experiment a trial, we have little doubt that results equally satisfactory may be achieved.—*Lancet*, Dec 1, 1866, and *Med. News.*

India Rubber Varnish.

That India rubber, dissolved in various liquids, yields a good varnish, is well known; but in general, they are too viscid for delicate purposes, and are only good for making stuffs water-proof. India rubber liquefied by heat, dissolved in oil or coal tar, or drying linseed oil, does not give a varnish of sufficient fluency, or free from smell. Moreover, a considerable quantity of india rubber remains undissolved in a gelatinous state, suspended in the liquid, so that the solution is never clear. Dr. BOLLY has recently published some remarks on the subject, which may be useful. If India rubber be cut into small pieces, and digested in sulphuret of carbon, a jelly will be formed; this must be treated with benzine, and thus a much greater proportion of caoutchouc will be dissolved than would be done by any other method. The liquid must be strained through a woollen cloth, and the sulphuret of carbon be drawn off by evaporation in a water-bath; after which, the remaining liquid may be diluted at will with benzine, and frequently shaking the bottle which contains it. The jelly thus formed will partly dissolve, yielding a liquid which is thicker than benzine, and may be obtained very clear by filtration and rest. The residue may be separated by straining, and will furnish an excellent water-proof composition. As to the liquid itself, it incorporates easily with

all fixed or volatile oils. It dries very fast, and does not shine, unless mixed with resinous varnishes. It is extremely flexible, may be spread in very thin layers, and remains unaltered under the influence of air and light. It may be employed to varnish geographical maps or prints, because it does not reflect light disagreeably, as resinous varnishes do, and is not subject to crack, or come off in scales. It may be used to fix black chalk or pencil drawings; and unsized paper, when covered with this varnish, may be written on with ink.—*Journal Applied Chemistry.*

Longevity.

A question which has long been agitated and argued *pro and con* is, whether the work of the brain is injurious to health, and whether it shortens life. In relation to tais subject, the Paris correspondent of the *Morning Star* notices that most of the clever men of France reach a great age. Of the members of the French Academy, M. Viennet is 89; M. de Ségur, 86; de Pougerville, 76; Lebrun, 82; Villemain, 76; Lamartine, 76; Flourens, 78; M. Guizot is 79, and M. Thiers 69; Berryer is 74; the Duke de Broglie, 82. The ages of the younger members of the Academy range from 60 to 70.

—— Recovery of Prof. Trousseau.—Some of our cotemporaries were misled by the erroneous cable dispatch, announcing the death of Professor Trousseau. One of them announces an obituary notice as in preparation, and so recently as the 1st inst., alludes to his death. We stated, several weeks since, that his illness was slight, and the *Union Médicale*, of Dec. 4th, says: "The friends of M. Trousseau, and all our *confrères*, will receive with entire satisfaction, the news of his complete restoration to health." — *Boston Med. and Surg. Journal.*

—— Why Not?—We are glad to learn that Dr. Storer's little work—"Why Not?—a book for every woman"—published under the auspices of the American Medical Association, is well received. It should be extensively circulated. It is needed. We wish that a recent communication to the *Boston Medical and Surgical Journal*, by a lady, entitled, "A Woman's View," could be published as an addendum to it.

—— Medical Department of Yale College.—The commencement exercises of the Medical Department of Yale College took place recently at the Medical College. Dr. L. S. Paddock, of Norwich, delivered the address to the class, and Cornelius W. Bull, of New Haven the valedictory address.

The Bennet prize for the best anatomic preparation was given to J. H. Parker and E. W. Ward. The Hooker prize for the best examination for Doctor of Medicine, was awarded to Theobald Bard, of East China, Mich. The degrees were conferred by President Woolsey.

—— Cable-Prescriptions.—The *Lancet* says, amongst the uses to which the Atlantic cable has been put is one which would hardly be anticipated. A correspondent communicates to us a telegram which he received from a patient, who, being seized with a renewed attack of an illness from which he had suffered in this country, and for which he had been successfully treated, telegraphed to his old medical attendant for directions. These were returned by the same channel without delay. This prescription will rank among the curiosities of telegraphy.

—— Novel Mode of Swindling a Physician.—In a report of the Medical association of Moselle, we are told of a case in which a woman refused to pay her doctor for more than one visit. She admitted in court that he had cured her of a severe illness; but said she only sent for him once; if he came oftener, that was his look out. The judge took the same view of the case; and the doctor got for his action an order to pay the costs of it!—*Brit. Med. Jour.*

MARRIED.

Beer—Percy.—In Frostburg, Md., on New Year's day, by the Rev. William R. Sibbett, Henry M. Beer, M. D., of Barton, Md., and Miss Maggie L. Percy, of Frostburg.

Cooper—Strothers.—In Elmwood, Ill., on Christmas Eve, by Rev. J. H. Smith, H. M. Cooper, M. D., and Miss Nannie J. Strothers, both of Xenia, Ohio.

Davis—Newcomb.—In Brooklyn, Jan. 10, by the Rev. J. A. Roche, Henry Davis, Jr., and Clarissa, second daughter of Dr. G. V. Newcomb, both of Brooklyn.

Donges—Renaud.—On the 22d ult., by the Rev. D. Coussirat, J. W. Donges, M. D., of Donaldson, Pa., and Miss R. Marguerite Renaud, of Philadelphia.

Eastman—Wood.—In Millbury, Mass., Dec. 25, in the Baptist Church, Dr. Alonzo B. Eastman, of Wellsboro', Pa., and Miss Frances Irene Wood, of Millbury.

Griswold—Ney.—At Franklin Grove, Ill., on the 1st instant, by the Rev. Mr. Phelps, Dr. S. A. Griswold and Miss Olive H., daughter of the late David Ney, of Genesee co., N. Y.

Hancock—Stevens.—Dec. 27th, by Rev. S. Weeks, at the residence of Dr. E. B Stevens, of Cincinnati, Mr. L B. Hancock and Josie, youngest daughter of Dr. J. Stevens, of Lebanon.

Hord—Harris.—In Woodford co., Ky., Dec. 4th, Surgeon William T. Hord, U S. Navy, and Miss Ella V., daughter of the late Arnold Harris.

Owen—Willett.—At Flint, Mich., Jan. 1, at the residence of the bride's father, by the Rev. Henry Northrop, J. Augustus Owen, of Chicago, and Miss Maria, daughter of Dr. J. Willett.

West—Douglass.—Dec. 31st, by the Rev. Robert Alexander, Dr. Henry West. of St. Clairsville, Ohio, and Miss Mary J. Douglass, of Belmont co., Ohio.

DIED.

Ackley.—In Camden, N. J., on the 8th inst., suddenly, of croup, Harry W., son of Sallie A., and the late Dr. H. Ackley, U. S. N., aged 11 months and 21 days.

Ellis.—At Washington, D. C., Dec. 29th, Dr. William B. Ellis, Assistant Surgeon in the U. S. Army, late of Brooklyn, N. Y., aged 33 years.

METEOROLOGY.

December,	31.	J. 1,	2,	3,	4,	5,	6.
Wind	N. E.	N. E.	N.	N. W.	W.	W.	N. W.
Weather	Cl'dy. Snow.	Cld'y. Snow.	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy.
Depth Rain							
Thermometer.							
Minimum	11°	12°	14°	3°	6°	7°	15°
At 8 A. M.	23	29	24	15	18	20	37
At 12 M.	25	31	27	24	32	38	39
At 3 P. M.	25	32	28	25	32	39	38
Mean	21.	26.	23.25	16.75	22.	26.	32.25
Barometer.							
At 12 M.	30.2	30.4	30.3	30.3	30.3	29.9	29.8

Germantown, Pa. B. J. Leedom.

Medical Society of the State of New York.

☞ The Sixtieth Annual Meeting of the Medical Society of the State of New York will be held in the city of Albany, February 5th, 6th, and 7th, 1867. A full and interesting meeting is confidently expected.

516—18 Wm. H. Bailey, *Secretary.*